ANDOVER RURAL DISTRICT COUNCIL

Annual Report

OF THE

Medical Officer of Health

For the Year 1950

COUNCIL OFFICES
JUNCTION ROAD, ANDOVER, HANTS

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PUBLIC HEALTH OFFICERS

Medical Officer of Health :

A. A. COCKAYNE, D.C.S., B.A., M.R.C.S., L.R.C.P., D.P.H.
(resigned 30th September, 1950)

JOHN SLEIGH, M.B., Ch.B.(Aberd.), D.P.H.(Edin.)
(appointed 1st October, 1950).

Chief Sanitary Inspector :

R. J. RICHARDS, M.R.San.I., M.S.I.A., M.R.I.P.H.H.

Additional Sanitary Inspector :

J. A. DEAN, A.R.San.I., M.S.I.A.

TO THE CHAIRMAN AND MEMBERS OF THE ANDOVER RURAL DISTRICT COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1950.

Over three years ago in March, 1948, before the National Health Service had started, Dr. Ffrangcon Roberts of Cambridge foresaw, in an article entitled " Medicine in a Planned Economy "* the inevitable fate of the Service ; and in a second article entitled " Cost of the National Health Service,"† he enlarged on the points he had made in the first article. No more important comment on the National Health Service has appeared than either of these articles.

Let me make one or two quotations from Dr. Roberts.

" Medicine contains within itself the means of its own expansion—namely the expansion of Science on which it is based—an expansion beyond the control of market conditions and of which the only certainty is that it will continue indefinitely."

" Society has opened a new Pandora's box, releasing new diseases of its own creation, and with them innumerable new methods of treating all the diseases which it cannot cure."

What do these statements mean in practical terms ? Let me quote again from Dr. Roberts.

" Whatever medical activity we plot against time we find the same result ; acceleration towards infinity."

" The truth is that, at any rate in regard to chronic disease, cure is being more and more outstripped by treatment, and there is no sign that the situation will be reversed. This prospect, ominous enough in itself, is rendered more ominous by the disturbing fact that advancing knowledge so often obscures rather than clears our vision."

Finally here are two quotations from an article " Medicine as a Planned Economy : The Biochemist's View "‡ by Dr. E. B. Hendry of Edinburgh.

" Unless this acceleration towards infinity stops, the doctors of the near future will be concerned solely with the problem of collecting specimens to the exclusion of all other forms of practical medicine."

" If this acceleration towards infinity continues unchecked without a simultaneous and corresponding increase in Laboratory facilities and staff, then the accuracy (and hence the value) of all biochemical analyses will accelerate towards zero."

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* British Medical Journal, 1948 I 485
† British Medical Journal, 1949 II 293
‡ British Medical Journal, 1948 I 567

What is true of biochemistry is true of every other branch of medicine. If it were economically practicable for this inevitable and increasing acceleration to continue the whole population would ultimately be working a 24-hour day looking after the sick.

Dr. Hendry, and Dr. Roberts in his first article, both suggest that at some point further expansion should be stopped. Dr. Roberts in his second article makes some general suggestions for the line of action to be followed by the medical profession, but I doubt whether these make enough allowance for the increasing pressure that would be exerted on the profession as the demand for expansion became even greater.

What is needed is a complete re-examination of the objectives of the medical profession. Broadly speaking the present position is that the existence of ill-health is accepted as natural, and the function of the medical profession is considered to be the cure, or most often the treatment of that ill-health. A careful examination of the inevitable result of such a policy, as shown by Dr. Roberts and Dr. Hendry, indicates that it can only lead to disaster.

This policy assumes that scientific advances make the diagnosis and treatment of disease more easy, when the opposite is really the case. Each new discovery makes the final solution appear not nearer, but further away, and this is what one might expect if one remembered that the one sure thing about Nature was her infinite complexity. So all the time we find more aids to diagnosis, and new means of treatment, making the picture of each disease more obscure and necessitating more hospitals, more nurses, and more doctors, and longer training for these.

Sheer economic necessity will force the collapse of this policy. What then can we put in its place ?

I believe that we were meant to be healthy, not unhealthy, and that if we fail to be healthy we should not accept this as inevitable, but should seek for the cause in our environment. The influence of heredity as a cause of ill health is steadily being found to be less important than was once thought. Instead of research into the diagnosis and treatment of disease, let us have research into the causes of disease and better still into the causes of health.

It may be argued that such research will be as complex and as unrewarding as is our present research. But I believe further that what we will find in every instance is that where we thought we could improve on Nature, we were wrong, and that as this truth is repeated again and again we will realise that for each disease it is only in the direction of aberrations from Nature that we need look for a cause and that if we live naturally we need not fear disease.

This will require a revolution in medical thought. There is one branch only of the medical profession that measures men by

the yardstick of health rather than by that of disease, and that is fitted by outlook to lead such a revolution. It is the Public Health Service.

HOUSING :

The three primary requirements for mankind are food, shelter, and clothing in that order. With full employment and rationing of foodstuffs in short supply, the first and last requirements are satisfied, but unhappily the same cannot be said of the second. Unquestionably the housing problem is the most serious matter affecting the health, mental as well as physical, of the people, and it is the duty of all in public office, whether high or low, to lose no opportunity of stating again the present disastrous situation, and of urging that active steps be taken for its amelioration.

The current rate of building in England and Wales is 172,000 houses per year. This is exactly half the figure for 1938 (344,000) and further is less than the number required for replacements (182,000). These few figures are sufficient to explain why lists of prospective tenants for Council houses have increased rather than decreased over the last 6 years. It is said that we are building as many houses as we can afford, and that our resources are strained to the uttermost by our many commitments. If this is the case, then some reallocation of the proportions of our expenditure should be made which would give Housing the place it deserves. The amount spent on the National Health Service for example is $1\frac{1}{2}$ times as great as that spent on Housing, but I would not care to say that it does $1\frac{1}{2}$ times as much for health.

It may be of interest to compare the number of houses built in Andover Rural District (population 15,020) since the end of the the war with the number which might have been expected had houses been built at the same rate as in all Rural Districts (population 8,002,613). 157,722 permanent and 9,998 temporary houses (total 167,720) were built in all Rural Districts up to the end of 1950, and on that basis 296 permanent and 19 temporary houses (total 315) might have been built in Andover Rural District. The actual figures were 343 permanent and 32 temporary houses (total 375) giving 116%, 168%, and 119% respectively of what might have been expected.

I am indebted to Mr. R. J. Richards, M.R.San.I., M.S.I.A., M.R.I.P.H.H., Chief Sanitary Inspector for his assistance in the preparation of this report. (Sections C, D, and E.)

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN SLEIGH.

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

(1949 figures in brackets)

Area (in acres)	67,811	(67,811)
Registrar General's estimate of resident population	14,900	(15,020)
Number of inhabited houses according to Rate Books	3,670	(3,493)
Rateable Value	£88,664	(£84,589)
Sum represented by a Penny Rate	£369	(£352)

Chief Industries carried on in the area :

Below are given Ministry of National Insurance figures of numbers employed, obtained from the Ministry of Labour. It is not possible to give figures for the Rural District of Andover as Ministry of National Insurance areas are based not on existing Local Government areas but on the towns and the areas of country draining naturally into them. The figures given are for the area of the Andover office of the Ministry of National Insurance, which area comprises :

Andover Municipal Borough
Andover Rural District
Hurstbourne Priors, Laverstoke, St. Mary Bourne, Whitchurch, and Portals only in Overton, in Kingsclere and Whitchurch Rural District. Broughton, Houghton, Leckford, Longstock, Nether Wallop, Over Wallop, and Stockbridge, in Romsey and Stockbridge Rural District.

Agriculture	2,000
Paper making and Printing	1,600
Local and National Government	1,400
Building	1,300
Distributive Trades	1,100
Engineering, Garages etc.	1,100
Food and Drink etc.	500
Woodwork, etc.	500
Transport	350
Professions	180
All others	1,670
Total	11,700

Extent of Unemployment

This is virtually non-existent, being 0.1% (England and Wales 1.0%)

VITAL STATISTICS

(1949 figures in brackets)

Birth-rates, Death-rates, Analysis of Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Provisional figures based on Quarterly Returns.

	Andover R. D.		England and Wales	
Births :	Rates per 1000 Home Population			
Live Births	20.9	(20.5)	15.8	(16.7)
Still Births	0.20	(0.40)	0.37	(0.39)
Deaths :				
All causes	7.8	(8.5)	11.6	(11.7)
Typhoid and paratyphoid	0.00	(0.00)	0.00	(0.00)
Whooping cough	0.00	(0.00)	0.01	(0.01)
Diphtheria	0.00	(0.07)	0.00	(0.00)
Tuberculosis	0.07	(0.13)	0.36	(0.45)
Influenza	0.00	(0.00)	0.10	(0.15)
Smallpox	0.00	(0.00)	—	(0.00)
Acute poliomyelitis (including polioencephalitis)	0.00	(0.00)	0.02	(0.01)
Pneumonia	0.20	(0.53)	0.46	(0.51)
Notifications (Corrected) :				
Typhoid Fever	0.00	(0.00)	0.00	(0.01)
Paratyphoid Fever	0.00	(0.00)	0.01	(0.01)
Meningococcal Infection	0.00	(0.13)	0.03	(0.02)
Scarlet Fever	1.21	(0.53)	1.50	(1.63)
Whooping Cough	0.47	(0.40)	3.60	(2.39)
Diphtheria	0.00	(0.07)	0.02	(0.04)
Erysipelas	0.07	(0.07)	0.17	(0.19)
Smallpox	0.00	(0.00)	0.00	(0.00)
Measles	2.01	(9.92)	8.39	(8.95)
Pneumonia	0.07	(0.07)	0.70	(0.80)
Acute Poliomyelitis (including Polioencephalitis)				
Paralytic	0.13		0.13	
Non-paralytic	0.00		0.05	
Food Poisoning	0.00	(0.00)	0.17	(0.14)
Deaths :	Rates per 1000 Live Births			
All causes under 1 year of age	16.1	(26.0)	29.8	(32)
Enteritis and diarrhoea under 2 years of age		(0.00)	1.9	(3.0)
Notifications (Corrected) :	Rates per 1000 Total (Live and Still) Births			
Puerperal fever and pyrexia	0.00	(0.00)	5.81	(6.31)

BIRTH RATE

It should be noted that the birth rate for 1950 (20.9 per 1000) was 5.1 per 1000 above that for England and Wales (15.8 per 1000). Even if the rate is standardised to allow for the differing age and sex distribution of the population in Andover Rural District as compared with that in England and Wales it is only reduced to 19.9 per 1000 and that reduction is an indication that the age and sex distribution of the population in Andover Rural District is favourable for births as compared with that in England and Wales. The most important factor affecting the birth rate in one area as compared with that in the country as a whole is opportunity for marriage as the number of babies born in any one family depends more on the date of marriage of the parents than on any other factor. The suggestion is therefore that there is some influence in Andover Rural District advancing the date of marriage. Unemployment is nil which is likely to be one factor and the only other factor that suggests itself is the presence in the district of large numbers of young men in the forces, etc.

At the same time it should not be forgotten that the birth rate for England and Wales is itself well below replacement level. The population is still increasing as a result of the increased expectation of life, but this is a temporary phenomenon, for we are now within measurable reach of the stage when nearly all will die of old age, and we have not yet been able to influence the onset of ageing. Unless we become able to do this, a sharp increase in the death rate is bound to supervene. In any case this increased population is one more and more overweighted with those who cannot do a day's work. Sooner or later the population will begin to decline.

It may seem absurd that the prospect of a declining population should be received with anything but equanimity in a country whose economic difficulties are due to the fact that she must buy food and the raw materials to manufacture into exports to sell to buy that food or her people will starve, whereas the countries from whom she buys the food and raw materials no longer need our exports, being able to produce their own manuufactures or obtain them from other sources, and so drive a harder and harder bargain as can be shown for example by the devaluation of the £, which just meant we paid one third more for food and raw materials. A smaller population would need less food and the need for food and raw material imports would be correspondingly reduced. The prospect of a declining population is however a very serious one. A declining population is inevitably one in which the older people outnumber the younger, and in which the smaller proportion of active people must work increasingly harder to support the greater proportion of non-active. The only kind of population decline which is not accompanied by this state

of affairs is one brought about by planned emigration of cross-sections of all age groups of the community and in this connection it is interesting to note that the Commonwealth, and particularly Canada and Australia, cannot be developed for want of people. In the absence of such emigration the need for maintenance of the population at its present level outweighs all other considerations.

In the old days people produced children to look after them in their old age. Now they expect the State to do it. But the State is only the sum of the people in it, and how for example, the present value of Old Age Pensions can be maintained for more Pensioners by fewer producers it is difficult to see.

Whereas 100 years ago children were an economic asset, now they are a liability and everything must be done to correct this. Not only must it be made no longer a financial burden to rear a family, by the provision of adequate family allowances, income tax reliefs, educational and housing provision, and so on, but somehow or other the attitude of the community to the parents of more than one or two children, that they are fools, or improvident, or careless, or peculiar, must be altered.

DEATH RATE

It should be noted that the death rate for 1950 (7.8 per 1000) was 3.8 per 1000 below that for England and Wales (11.6 per 1000). Even if the rate is standardised to allow for the differing age and sex distribution of the population in Andover Rural District as compared with that in England and Wales it is only increased to 8.3 per 1000. This is an indication that the age and sex distribution of the population in Andover Rural District is favourable for deaths as compared with that in England and Wales. The suggestion is therefore that Andover Rural District is a healthy place in which to live.

Analysis of Mortality and Case Rates for Certain Infectious Diseases :

No significance can be attached to the Rates given for this Authority as the population is too small. It is hoped however that it will be of some interest to compare them with those for England and Wales. Probably the only figures for which any explanation is required are the measles case rates for this Authority for this year and last—this year's being low and last year's high. This is due to the fact that although measles occurs more or less equally each year for the country as a whole it occurs in each area in alternate years, as it takes two years for the level of immunity in the community to fall as a result of new births to the point at which an epidemic can recur.

It is hoped that it will be noted that the mortality rate for England and Wales for poliomyelitis is one fifth of that for influenza, one eighteenth of that for tuberculosis, and one twenty-

third of that for pneumonia, and that the case rate for England and Wales for poliomyelitis is one quarter of that for pneumonia, one eighth of that for scarlet fever, one twentieth of that for whooping cough, and one forty-seventh of that for measles. Perhaps this may assist towards the preservation of a sense of proportion about the importance of poliomyelitis.

Live Births	Male	Female	Total
Legitimate	146 (144)	149 (145)	295 (289)
Illegitimate	9 (10)	7 (9)	16 (19)
Total	155 (154)	156 (154)	311 (308)

Still Births	Male	Female	Total
Legitimate	3 (3)	0 (3)	3 (6)
Illegitimate	0 (0)	0 (0)	0 (0)
Total	3 (3)	0 (3)	3 (6)

Deaths of Infants (under 1 year of age)	Male	Female	Total
Legitimate	5 (6)	0 (2)	5 (8)
Illegitimate	0 (0)	0 (0)	0 (0)
Total	5 (6)	0 (2)	5 (8)

Deaths of Infants (under 4 weeks of age)	Male	Female	Total
Legitimate	3	0	3
Illegitimate	0	0	0
Total	3	0	3

Deaths	Male	Female	Total
Tuberculosis, respiratory	0 (2)	1 (0)	1 (2)
Tuberculosis, other	0 (0)	0 (0)	0 (0)
Syphilitic disease	1 (1)	0 (0)	1 (1)
Diphtheria	0 (0)	0 (1)	0 (1)
Whooping cough	0 (0)	0 (0)	0 (0)
Meningococcal infections	0 (0)	0 (0)	0 (0)
Acute poliomyelitis	0 (0)	0 (0)	0 (0)
Measles	0 (0)	0 (0)	0 (0)
Other infective and parasitic diseases	0 (0)	0 (0)	0 (0)
Malignant neoplasm, stomach	3 (4)	1 (0)	4 (4)
Malignant neoplasm, lung, bronchus	2	0	2
Malignant neoplasm, breast	0 (0)	1 (0)	1 (0)
Malignant neoplasm, uterus	0	0	0
Other malignant and lymphatic neoplasms	8 (9)	6 (5)	14 (14)
Leukaemia, aleukaemia	1	0	1
Diabetes	1 (2)	0 (0)	1 (2)
Vascular lesions of nervous system	7 (10)	9 (11)	16 (21)

	Male	Female	Total
Coronary disease, angina	5	3	8
Hypertension with heart disease	3	2	5
Other heart disease	12 (31)	16 (15)	28 (46)
Other circulatory disease	1 (2)	0 (3)	1 (5)
Influenza	0 (0)	0 (0)	0 (0)
Pneumonia	2 (5)	1 (3)	3 (8)
Bronchitis	3 (2)	1 (2)	4 (4)
Other diseases of respiratory system	0 (1)	0 (0)	0 (1)
Ulcer of stomach and duodenum	1 (0)	0 (0)	1 (0)
Gastritis, enteritis and diarrhoea	0 (1)	0 (1)	0 (2)
Nephritis and nephrosis	2 (0)	1 (0)	3 (0)
Hyperplasia of prostate	1	0	1
Pregnancy, childbirth, abortion	0 (0)	0 (1)	0 (1)
Congenital malformations	1	0	1
Other defined and ill-defined diseases	7 (7)	7 (6)	14 (13)
Motor vehicle accidents	5 (0)	0 (2)	5 (2)
All other accidents	0	0	0
Suicide	0 (1)	1 (0)	1 (1)
Homicide and operations of war	0	0	0
All causes	66 (78)	50 (50)	116 (128)

POORER LIFE EXPECTATION OF MEN

No significance can be attached to the Deaths given for this Authority as the population is too small. It is hoped however that it will be of some interest to see how they are subdivided. Males tend to exceed females in the causes not attributable to old age, just as females tend to exceed males in the causes attributable to old age. This is due to the fact that women live longer than men. The last estimate for England and Wales* showed that whereas a boy born in 1949 could expect to live to be 66.01, a girl born in 1949 could expect to live to be 70.63. On this information it is difficult to see the justification for granting pensions to women five years earlier than to men. It is interesting to note that at all ages the male has a poorer expectation of life than the female. There are even more miscarriages and still-births of male babies than there are of female babies. Nature is well aware of this problem and overcomes it by producing 1056 male babies for every 1000 female babies, so that the proportions of the sexes are equal in the early 20's, the physiological age for marriage and child bearing. The excess of females over males in the population is due to the fact that the greater number of females than males for all age groups after the early 20's outweighs the greater number of males than females before and during the early 20's. The fact that there are more women than men does not therefore really affect the marriage prospects of women at all.

* Registrar General Quarterly Return, No. 407, September Quarter, 1950

The discrepancy in expectation of life between men and women has actually been increasing in recent years.* For example between 1936–1939 and 1942 death rates of women at the four quinquennial age groups between 50 and 70 registered improvements ranging from 12 to 17%, whilst the corresponding male rates showed improvements ranging from 5 to 13% Between 1942 and 1947 further improvements of about 5% occurred for women, but not for men. At ages 50–59 male rates ceased to fall at the end of the war and at ages 60–64 the rate began to rise after 1942, increasing 5% by 1947. The percentage ratio of male to female death rates in 1936–1939 at the four age groups were 149, 153, 146, and 139, but by 1947 they had risen to 163, 174, 176, and 159.

INCREASE IN CERTAIN CAUSES OF DEATH

The deaths given are classified for the first time under the headings based on the Abbreviated List of the International Statistical Classification of Diseases Injuries and Causes of Death, 1948. These headings differ from those based on the Abridged List of Causes as used in England and Wales, under which the deaths given were classified previously. This explains the gaps in last year's figures in the table. The new classification is altered as compared with the old in accordance with the changes in causes of death which are taking place and some discussion of this subject is therefore relevant.

It is a fact that the fall in the death rate which has continued for many years is now becoming more uncertain. For example whereas a boy born in 1948 could expect to live to be 66.39, and a girl born in 1948 could expect to live to be 71.15, on the mortality experience prevailing in 1948, a boy born in 1949 could expect to live to be 66.01, and a girl born in 1949 could expect to live to be 70.63, on the mortality experience prevailing in 1949.† The Comparative Mortality Index, which takes account of the changing sex-age composition of the population, shows that, compared with 1938 taken as 1.00, there was a fall in mortality from 0.920 in 1945 to 0.889 in 1946, and a rise in 1947 to 0.921 for men, and that the figure for women remained at 0.875 for 1945 and 1946, but increased to 0.892 in 1947.‡

The new classification should simplify study of the changing pattern of causes of death. The diseases which are on the

* Registrar General Statistical Review of England and Wales, 1946 and 1947.

† Registrar General Quarterly Return No. 407, September Quarter, 1950

‡ Registrar General Statistical Review of England and Wales, 1946 and 1947

increase are the so called diseases of civilization (cancer, cerebral haemorrhage, coronary thrombosis and angina pectoris, and peptic ulcer) and if other causes of death are remaining stationary or even being reduced, and the death rate itself is no longer heading downward in so definite a fashion as before, it appears that these diseases may be increasing at a rate greater than might be explained solely on the basis of an ageing population. At this stage any observations on the possible causes of such a situation must be speculative but it is interesting to note that all these conditions can be described as degenerations or aberrations of tissue. Now food is our primary requirement for life and health. Clothing is our third requirement only, and shelter our second, but without food we die. It is not unreasonable therefore to postulate some connection between degenerative diseases and the food we eat, particularly as tissue degeneration is more likely to be associated with faulty nutrition than is almost any other type of bodily ailment.

My own view is that what is most important in food is that it should be fresh, natural, and wholesome, not processed, sophisticated and adulterated. Sir Albert Howard found that cattle fed on pasture fertilized by returning to it the whole of the animal and vegetable refuse of the community could actually rub noses across a fence with cattle suffering from foot and mouth disease without contracting the infection. Sir Robert McCarrson found that whereas rats fed on whole wheat flour, butter, milk, fresh vegetables and meat grew well, had little disease and lived happily together, those fed on white flour, margarine, tinned meat, overcooked vegetables, jam, tea, sugar and a little milk grew ill, had much disease and lived unhappily together, the strong killing and eating the weak. He was even able to produce in rats the physical characteristics and disease patterns of the different peoples of India by feeding them on the diets of these various peoples. It is not generally realised that the disease pattern is entirely different in different races. But Science, obsessed with the investigation of the diseased, never thinks of the investigation of the healthy.

In so far as civilization is dependent on the thinker and the craftsman being released from the necessity of finding their own food, it may be, if freshness, naturalness, and wholesomeness are vital, that civilization is self destructive and that the breakdown of the ancient civilizations was due to the increasing artificiality of their diet. Viewed in that light the prospects of a country such as our own which can only feed a proportion of her population, do not seem good, but if it was even accepted as a principle that where possible fresh, natural, and wholesome food should be the objective, much would be gained. A moment's thought shows that this objective is very far from being considered today.

SMOKING AND CANCER OF THE LUNG

A recent statistical investigation* has disclosed that there is a significant relationship between smoking and cancer of the lung. There was a very much smaller percentage of non-smokers among a group of 649 men and 60 women with cancer of the lung (0.3% for men and 31.7% for women) than among a similar control group of men and women without cancer of the lung (4.2% for men and 53.3% for women). Among the smokers a very much higher percentage of patients with cancer of the lung were heavy smokers (26.0% for men and 14.6% for women smoked 25 or more cigarettes a day) than among the control group (13.5% for men and 0% for women smoked 25 or more cigarettes a day). It was calculated that above the age of 45 the risk of cancer of the lung was 50 times as great among those who smoked 25 or more cigarettes a day as among non-smokers.

Cancer is reputed to take some 10–15 years to develop, and it is not attractive to speculate what may be the death rate from cancer of the lung when the results of the spectacular increase in smoking since 1939 are fully felt. Even during the 25 years between 1922 and 1947 the annual number of deaths recorded in England and Wales increased from 612 to 9,287. It is not known what is the factor in cigarettes that is responsible for the position, but the obvious advice to any one contemplating taking up smoking is " Don't."

* British Medical Journal, 1950 II 739

SECTION B.

GENERAL PROVISION of HEALTH SERVICES FOR THE AREA

National Health Service Act, 1946
Local Health Services under Part III

In paragraph 20 of Ministry of Health circular 118/47 it was recommended that all counties should be subdivided according to to local health requirements, that in each subdivision the County Health Committee would appoint a subcommittee on which the Councils of County Districts comprising the subdivision would be represented, and to which would be delegated the day to day administration in the division of the Part III (Local Health Authority) Services, and that executive charge of these Services in the division would be taken either by an existing Assistant County Medical Officer, preferably one who was also Medical Officer of Health of one or more of the districts constituting the division, or by the Medical Officer of Health of one of these districts who would be appointed to the staff of the County Medical Officer.

No such subdivision has taken place in Hampshire. Charge of duties under Section 26 (Vaccination and Immunisation) is taken by the Medical Officer of Health, but charge of duties under Sections 22 (Care of Mothers and Young Children), 23 (Midwives), 24 (Health Visitors), 25 (Home Nursing), 27 (Ambulances, 28 (Prevention of Illness, Care and After Care), and 29 (Domestic Help) remains with the County Medical Officer. The District Health Sub-Committee has advisory functions only in connection with Sections 23 (Midwives), 25 (Home Nursing) and 29 (Domestic Help) only, but the officers carrying out these services come directly under the control of the County Health Committee and are in no way answerable to the District Health Sub-Committee.

SECTION 26

(VACCINATION AND IMMUNISATION)

This is therefore the only one of the Part III (Local Health Authority) Services under the National Health Service Act, on which I am able to report.

Notification of birth cards received by the County Medical Officer from the Health Visitors are sent to the Medical Officer of Health, who prepares Diphtheria Immunisation Record Cards from them, and these form a Diphtheria Immunisation Card Index. Consent cards received by parents from the Health Visitors are sent to the Medical Officer of Health who sends the corresponding Diphtheria Immunisation Record Cards to the

general practitioners and they perform the immunisation. A Diphtheria Immunisation Clinic is also conducted by the Medical Officer of Health with the assistance of the Health Visitors at the Health Centre, Junction Road, Andover at 11 a.m. on the first Saturday in the month for those children whose parents wish them to be immunised by him.

This scheme works very well. In the past the parents of children whose Diphtheria Immunisation Record Cards had not been sent to the general practitioners by the time they were a year old, no consent cards having been received by the Medical Officer of Health, were visited by the Health Visitors, but during 1950 this practice was discontinued as it was found in the majority of cases that these children were being immunised or had been immunised but Dipthheria Immunisation Record Cards had not been sent by the general practitioners to the Medical Officer of Health.

DIPHTHERIA IMMUNISATION

Annual Return for year ended 31st December, 1950

Number of children who completed full course of Primary Immunisation in the Authority's area (including temporary residents) in the above year.			Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course)
Age at date of final injection		Total	During year ending 31st December, 1950
Under 5	5 to 14		
204	5	209	5

Immunisation in Relation to Child Population

Number of children at 31st December, 1950 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1936).

Age at 31st Dec. 50	Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
i.e. Born in year :	1950	1949	1948	1947	1946	1941–1945	1936–1940	
Number immunised :	108	165	251	252	162	116	10	1064

Estimated mid-year child population	Children under 5	Children 5–14	
1950	1338	1976	3314

Diphtheria Notifications and Deaths in Relation to Immunisation during the year 1950

NIL

The 938 immunisations performed on the 1338 children under 5 represent a percentage of 70.1, the 126 immunisations performed on the 1976 children from 5–15 represent a percentage of 6.4 and the 1064 immunisations performed on the 3314 children under 15 represent a percentage of 32.1.

These percentages for 1950 may be compared with 62.7%, 73.4%, and 68.0% for rural districts, and with 57.1%, 73.4%, and 67.1% for the County, for 1949. It will be seen therefore that our percentages for under 5's are rather above those for rural districts and considerably above those for the County for the previous year, but our percentages for 5's–15's and for all children under 15 fall hopelessly short of those for either rural districts or the County. These figures represent the result of a complete search through all our records and indicate that these records are obviously very far from complete.

The cause of this apparently unsatisfactory state of affairs is the return itself. It will be seen that it demands figures dating back to 1936, that is, 15 years old. But what is more important is that the return was only introduced in 1945 in which year it demanded figures dating back to 1931, that is 15 years old at that time. It is most unlikely that all the figures submitted at that time were based on records and many of them must have been estimates. Because of the peculiar nature of the return, later figures based on records have been added each year to those earlier, figures conferring on them an appearance of accuracy to which they may not have been entitled. The accuracy of this return in every case will not really be certain until 15 years from the date of its introduction, and comparisons based on returns at the present time are not necessarily of any great value. It will be seen also that figures for immunised children between the ages of 5 and 14 are given in two 5 year age groups which in each year's return refer to two groups of 5 calendar years a year later than the two groups of the previous year's return, so that the return cannot be based on that for the previous year, but only on the records on which that return was based. In the case of this authority the only records which I was able to find gave the figures which I have set out above, and as these do not correspond in any way to the previous year's figures it is likely that these figures were an estimate. Because of the nature of the return it is not likely that this authority was the only one submitting for the previous year figures based on an estimate.

DIPHTHERIA IMMUNISATION and POLIOMYELITIS

There was a drop of nearly 27000 in immunisations done in. the first months of 1950 as compared with the same period in 1949 The serious nature of this matter is shown by the fact that whereas in the 10 year period 1931–40 there was an average of 55,000 cases

of diphtheria and 2,800 deaths each year, both these figures have fallen every year since 1941 as a result of the introduction of the diphtheria immunisation campaign, until in 1949 there were only 4,971 cases and 85 deaths. The value of diphtheria immunisation is therefore proved to the hilt and very careful thought should be taken before doing anything which may reduce the number of children immunised.

During the early months of 1950 reports appeared in the medical press which showed that there was a rare but statistically significant relationship between diphtheria immunisation and poliomyelitis in the inoculated limb and the drop in immunisations was the result. The poliomyelitis which develops is not due to the virus being introduced into the body with the immunisation, but to the tissues being rendered susceptible, as a result of the small degree of injury accompanying the immunisation, to the action of poliomyelitis virus already present in the body, so that clinical symptoms develop in a case which probably would otherwise have been one of the 99 symptomless cases which occur for each clinical one. The same tendency for clinical poliomyelitis to develop occurs following other injections, and is also seen following injury and even exertion, but it is possibly most noticeable in the case of diphtheria immunisation because this is an extremely common procedure and one carried out on the age groups susceptible to poliomyelitis.

Before these reports of the association between immunisation and poliomyelitis appeared, it would have been well if their authors had considered whether the harm to the community as a result of the decrease in the number of immunisations did not outweigh the advantage as a result of the reduction in the number of cases of poliomyelitis. What is wanted is a statistical investigation to show whether the possibility of death or disablement through poliomyelitis in the immunised is greater than the possibility of death or disablement through diphtheria in the unimmunised. When one considers the reduction in diphtheria cases from 55,000 to 4,971 and in deaths from 2,800 to 85 which has resulted following the diphtheria immunisation campaign in relation to the handful of cases of poliomyelitis with, because of their site, hardly any deaths, that follow immunisation, there can be very little doubt that it would be shown that our timidity has been entirely unjustified.

NATIONAL ASSISTANCE ACT 1948

Section 47—Removal to suitable premises of persons in need of care and attention. No action has been taken by the Council under this Section.

SECTION C

1. WATER SUPPLY

There have been no extensions or improvements of the main piped supplies during the year.

(i) It was found necessary to maintain chlorination of the Appleshaw and Faberstown piped supply. Sampling suggested slight intermittent pollution of the water at its source.

Seven local water supplies at Council Housing Estates showed varying degrees of pollution. Action was taken in each case and the source of pollution was traced.

Samples were taken from 72 private houses or public buildings by request and 29 of these were proved to be contaminated in varying degrees.

Except for the two small areas with piped water supplies, the greater part of the District's population derives its water supply from individual shallow drive bores and open wells. Sampling at different times of the year and at diverse points in the district indicates that many scources can be said to be polluted intermittently or continually.

With the exception of a few houses on high ground which depend upon rain water for their domestic supply, there has been no major problem with respect to the quantity of water available.

(ii) Bacteriological examination of the piped supplies is carried out at regular intervals.

The particulars of population supplied by public mains are as follows :—

	No. of Dwelling Houses supplied from mains.	No. of Population supplied by Standpipe.
Appleshaw part		
Fyfield, Kimpton	168	64
Vernham Dean	81	25
Shipton Bellinger	193	—

South Tedworth, a War Department establishment, has its own supply.

Bacteriological Examination of Water Supplies :

Number of samples taken		320
,, ,, ,,	reported satisfactory	228
,, ,, ,,	reported not entirely satisfactory	29
,, ,, ,,	reported unsatisfactory	63

2. DRAINAGE and SEWERAGE

The sewerage scheme for Ludgershall within the Pewsey Rural District was in hand. By agreement the system was extended to include Faberstown, which has approximately 40 houses. Work was still in progress at the close of the year.

A sewer was laid at Chilbolton to take sewerage from the Council's Housing Estate to the existing sewage plant receiving sewage from the R.A.F. Station on Chilbolton Down. Encouragement was given to persons near the line of sewer to drain their houses into it.

The result of an inquiry into the main drainage of Shipton Bellinger remained in abeyance at the end of thc year. The decision would appear to depend largely upon the co-operation of the Hants and Wilts Laundry Ltd., which company has extensive premises in the village. It is to be hoped that some form of agreement will be reached in order that the very necessary sewerage will be sanctioned by the Minister.

3. PUBLIC CLEANSING

The collection of indestructible refuse and salvage is undertaken in all Parishes. With the exception of a few remote premises a weekly collection has been maintained.

4. SANITARY INSPECTION OF THE AREA

Inspections for Nuisances	23
Drainage Tests and Inspections	84
Rooms Disinfected	18
Inspection of Water Supplies	344
Dairy Inspections	8

5. SHOPS

One exemption certificate in respect of sanitary accommodation was issued under the terms of the Shops Act, 1950.

6. CAMPING SITES

There are no licensed camping sites in the District. Licences have been issued to individuals to station and use 11 caravans in the District.

7. ERADICATION OF BED BUGS

Only one case of bed bug infestation occurred, that being in a Council House. It was a slight infestation only. Spray treatmeant was carried out with ' Zaldecide ' and no reinfestation occurred.

8. FACTORIES

Inspection for purposes or provisions as to health (including inspections made by the Sanitary Inspector).

Premises	Number on Register	Number of	
		Inspections	Written Notices
(i) Factories in which Sections 1,2, 3, 4, and 6 are to be enforced by Local Authorities	5	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	24	22	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—
TOTAL	29	25	—

Cases in which DEFECTS were found :

Particulars	No. of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector
Want of Cleanliness (S.1)	—	—	—	—
Want of Cleanliness (S.1)	—	—	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) Insufficient	—	—	—	—
(b) Unsuitable or defective	—	1	—	—
(c) Not separate for sexes	1	—	—	1
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
TOTAL	1	1	—	1

9. SCHOOLS

At the request of the Council an inspection was made of the Schools in the District and a report submitted on 29th November, 1950.

In the recommendations for individual schools, stress was laid on the paramount importance of the provision of an adequate piped drinking water supply and of adequate washing facilities with running water and drainage. Conversion of pail closets to water closets was regarded as of secondary importance, and the provision of chemical closets as no advantage and even potentially dangerous, as it might detract attention from the primary requirements listed above.

Some of the schools were regarded as comparing unfavourably with the cowsheds of a tuberculin tested herd. In some cases washing facilities were considered more likely to make hands dirtier than to make them clean. It was thought sanitary facilities were likely to cause constipation due to reluctance of the children to use them.

In general, voluntary schools were worse than council and controlled schools. It was hoped that this situation would be improved when the County Council's Development Plan was finally approved. The County Council could then take over the voluntary schools where the Managers were unable or unwilling to carry out the necessary improvements.

SECTION D

HOUSING INSPECTIONS

1. (a) Total number of dwelling houses inspected for housing defects. (Public Health and Housing Acts) 96
   (b) Number of inspections made for the purpose 127

2. (a) Number of dwelling houses (included under 1) which were inspected and recorded under Housing Consolidated Regulations 1925 and 1932 49
   (b) Number of inspections made for the purpose 49

3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 9

4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 40

Housing Action

Remedy of Defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 8

Action under Statutory Powers during the Year

(a) Proceedings under Sections 9, 10 and 16, Housing Act, 1936.

(1) Number of dwelling houses in respect of which notices were served requiring repairs .... Nil

(2) Number of dwelling houses which were rendered fit after service of formal notice —

(i) By Owners .... Nil

(ii) By Local Authority in default of Owners ..... Nil

(b) Proceedings under Sections 11 and 13 Housing Act, 1936.

(1) Number of dwelling houses in respect of which Demolition Orders were made .... Nil

(2) Number of dwelling houses demolished in pursuance of Demolition Orders 6

(c) Proceedings under Section 12 of Housing Act, 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 1

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..... Nil

Housing Act, 1936.—Part IV—Overcrowding

(a) (i) Number of dwellings overcrowded at end of year Estimated 50

(ii) Number of families dwelling therein—Estimated 80

(iii) Number of persons dwelling therein—Estimated 250

(b) Number of new cases of overcrowding reported during the year 12

(c) (i) Number of cases of overcrowding relieved during the year 12

(ii) Number of persons concerned in such cases 67

(d) Particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report.

No special circumstances.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

Number of Registered Distributors	1
Number of Registered Distributors outside area selling milk within the area	7

There is now only one distributor in the District with a Dairy under the control of the District Council. A number of spot samples were taken to ensure that Pasteurised and Tuberculin Tested milks comply with Regulation standards.

Owing to the more strict requirements of the Milk and Dairy Regulatons introduced in 1949, one small distributor was unable to carry out improvements and maintain a livelihood and consequently ceased business.

(b) Slaughterhouses

There are two licensed slaughterhouses in the District but no slaughtering other than pig killing for private individuals is carried on. There are two Butchers' Shops, both of which are maintained in a satisfactory condition.

(c) Ice Cream

There are 22 registered retailers of ice cream in the District. The majority of applications referred only to the sale of prepacked ice cream.

The improvement of food premises largely depends upon the provision of a piped water supply, and in many cases, on a main drainage system. In many instances it is not possible to install cesspool drainage because of the close proximity of neighbouring dwellings and absolute cleanliness of utensils, etc. cannot, therefore, be guaranteed.

The surveillance of cafes continued. There were six small roadside cafes which cater for lorry drivers. The proprietors were persuaded to carry out minor improvements and frequent inspection was necessary in certain cases to stress the necessity of maintaining strict cleanliness in order to comply with the provisions of the Food and Drugs Act, 1938.

FOOD INSPECTION

The following food was condemned during the year :—

Butter	1 lb.
Bacon	1lb. 4ozs.
Sausage Meat	4lbs.
Cyprus Raisins	55½ lbs.

Canned Foods

Spinach	1 tin
Milk	3 tins
Pineapple Juice	1 tin
String Beans	1 tin
Peas	3 tins
Soup	2 tins
Beans	2 tins
Meat	4 tins
Herrings	4 tins
Salad Cream	15 bottles

Adulteration

The Council is not a Food and Drugs Act Authority under the Food and Drugs Act, 1938.

Food Poisoning Outbreaks

(a)	Total number of outbreaks	Nil
(b)	Number of cases	Nil
(c)	Number of deaths	Nil

SECTION F

Prevalence of, and Control over, Infectious and other Diseases

Final numbers according to Sex and Age after Corrections of Cases of Infectious and other notifiable Diseases notified during the year ended 31st December, 1950.

	Scarlet Fever			Whooping Cough		
	M	F	Total	M	F	Total
Under 1 year						
1–2 years						
3–4 years	4		4	3	1	4
5–9 years	5	5	10	2	1	3
10–14 years	1	3	4			
15–24 years						
25 and over						
Age unknown						
Total (All ages)	10	8	18	5	2	7

	Acute Poliomyelitis Paralytic			Measles		
	M	F	Total	M	F	Total
Under 1 year						
1–2 years				4	3	7
3–4 years				2	6	8
5–9 years				8	6	14
10–14 years						
15–24 years						
25 and over	1	1	2		1	1
Age unknown						
Total (All ages)	1	1	2	14	16	30

	Acute Pneumonia			Erysipelas		
	M	F	Total	M	F	Total
Under 5 years						
5–14 years						
15–44 years						
45–64 years						
65 and over	1		1		1	1
Age unknown						
Total (All ages)	1		1		1	1

INFECTIOUS DISEASES

I am not in a position to comment on the cases of poliomyelitis as these occurred before I took up office on 1st October, 1950. The cases of scarlet fever, measles, pneumonia, and erysipelas require no comment. Andover Rural District's whooping cough notification experience for 1950 (7 cases representing a rate of 0.47 per 1000 as compared with that for England and Wales of 3.60 per 1000) has been very fortunate.

Whooping cough is by far the most serious of the common infections of childhood at the present time. All infections follow waves of virulence and the virulence of scarlet fever is at present no more than that of measles, or possibly even less. Whooping cough therefore stands out above all others, and it is good news that a recent statistical investigation* has disclosed that immunisation against whooping cough is of real value. Over a two to three year period of observation 149 of the 3801 vaccinated children developed whooping cough whereas 687 of the 3757 unvaccinated children developed whooping cough, giving attack rates per 1000 child months of 1.45 and 6.72 respectively and a reduction in the incidence of the disease of 78%. Among children exposed to whooping cough in their own homes the attack rates were 18.2% in the vaccinated and 87.3% in the unvaccinated groups. The cases that occurred in the vaccinated were on the average less severe and of shorter duration than those in the unvaccinated children. Five vaccines were tested, of which much the most effective were two prepared by the Michigan Department of Health, but the other three were also of value. Further comparative investigations are now being made, but it is hoped that it will soon be possible to undertake a campaign similar to that already undertaken for diphtheria immunisation, and that the Public Health Service will be able to take the same part in the second campaign as it has done in the first.

TUBERCULOSIS

	New Cases						Deaths					
	Respiratory			Non Respiratory			Respiratory			Non Respiratory		
Age Periods	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0—												
1—												
5—		1	1	1	1	2						
15—												
25—	1		1									
35—												
45—	1		1									
55—	1		1									
65 and upwards								1	1			
TOTAL	3	1	4	1	1	2		1	1			

Number of cases on the Tuberculosis Register on 31st December, 1950 :

(31st December, 1949 in brackets)

	Male		Female		TOTAL	
Respiratory	11	(8)	4	(4)	15	(12)
Non Respiratory	2	(1)	4	(3)	6	(4)
TOTAL	13	(9)	8	(7)	21	(16)

* British Medical Journal, 1951 I 1462

The increase in the number of cases on the Tuberculosis Register should not be taken too seriously. The Tuberculosis Register is the most difficult to maintain accurate of the records which have to be kept by the Medical Officer of Health and the increase is as likely to be due to old cases not previously included in the Register as to new cases.

At this point however it is appropriate to discuss the question of vaccination against tuberculosis, and it is hoped that the following story will be of interest.*

At a girls' school in Copenhagen a case of pulmonary tuberculosis was discovered among the pupils in October, 1941. This led to a careful examination of all the pupils and the educational staff, with the disclosure on tuberculin tests of 200 non-reacters among the pupils. Of these 144 volunteered for B.C.G. vaccination. At a new compulsory examination of the whole school in December 1942 the finding was 130 spontaneously tuberculin-positive, 133 tuberculin-positive after B.C.G. inoculation, and 105 tuberculin-negative (mainly newly admitted pupils).

In January—February, 1943 there broke out at the school an influenza-like epidemic which closer examination showed to be due to another tuberculous infection. The infection originated from a female teacher who taught in several forms. It was found that among 94 tuberculin-negative pupils 41 had developed pulmonary tuberculosis and one of these subsequently died. Among 106 B.C.G. vaccinated who had been exposed to infection there were two cases of pulmonary tuberculosis with no deaths, and among 105 originally tuberculin-positive there were four cases (only two of whom were considered to be connected with the infection at the school) with no deaths. Let us see this in tabular form.

	Number of Children	Cases	Deaths
Tuberculin-negative	94	41	1
B.C.G. vaccinated	106	2	0
Tuberculin-positive	105	2	0

Although this work only records a number of cases of tuberculosis at a school the whole is as clear and unmistakable as if it had been a question of a well planned laboratory experiment on hundreds of guinea pigs.

Many similar examples could be quoted but that one is obviously enough. The death rate from tuberculosis in Scandinavia, where B.C.G. vaccination has been carried out for 20

* British Medical Journal, 1948 I 1129

years is only half of what it is in this country, children's sanatoria are closed for lack of patients, and tuberculous meningitis, the chief killing form of tuberculosis in children, has disappeared. Yet here, in spite of 20 years Scandinavian experience, we are experimenting with the administration of B.C.G. vaccine to medical students, nurses, and tuberculin-negative contacts of cases of tuberculosis only. What is wanted in this case also is a campaign similar to that already undertaken for diphtheria immunisation, and again it is hoped that the Public Health Service will be able to take the same part in this campaign as it has done in that for diphtheria immunisation.

FOOD POISONING OUTBREAKS

No outbreaks of food poisoning occurred during 1950.

CLEAN FOOD CAMPAIGNS

No Clean Food Campaigns were undertaken during 1950.

ANDOVER RURAL DISTRICT COUNCIL

CHIEF SANITARY INSPECTOR'S REPORT FOR 1950

To the Chairmen and Members of the Andover Rural District Council :

LADIES and GENTLEMEN,

I have the honour to present my Annual Report for the year ending 31st December, 1950.

HOUSING

The system of Building Licensing continues to restrict the progress of improvements required to better the condition of many rural cottages.

There have been no applications for a grant under the Housing Act, 1949. This is, in my opinion, partly due to the necessity of " freeing " a tied cottage, many of the cottages in need of alteration being those housing farm workers, and partly due to the fact that the capital outlay to improve a rural cottage to the standard required when public services are not available is heavy, and few owners are able or willing to undertake it.

It is the policy to inspect cottages when they become empty by reason of the rehousing of their tenants in Council accommodation and to take whatever action is deemed best under the circumstances, i.e., by persuasion, or, if the cottages are excessively dilapidated, by formal action under Section 11 of the Housing Act, 1936.

New houses built during the year totalled 66 of which 56 were completed by the District Council and 10 by private enterprise.

Fifty two houses were in course of erection by the Council at the end of the year.

It was found possible to recommend the Ministry of Health to de-requisition 3 houses during the year, leaving a total of 4 houses in which there were 15 family units, still under requisition.

At the end of the year the properties under the control of this Council for housing purposes, were as follows :—

Permanent Traditional Houses (Pre-War Scheme)	156
Permanent Traditional Houses (Post-War Scheme)	263
Prefabricated Temporary Bungalows	32
Requisitioned Properties (family units)	15
Converted ex-service Hutments	179
TOTAL	645

From this it will be seen that, since the war, a total of 489 family units has been provided, and that with the applications on the Council's files, some 536 permanent houses are still required.

CONTROL OF CIVIL BUILDING

The control of civil building under Defence Regulation 56A, has continued. No prosecutions were found to be necessary and no warning letters had to be sent to contractors.

Licences were granted as follows :—

(a) New Houses—Private Enterprise	8
(b) Convertions and Adaptations	6
(c) Other work	68
Applications for licences refused	Nil

PLANS

Plans submitted for approval under the council's Building Bye-laws numbered 123 all of which were approved.

TOWN PLANNING

In May 1950, the Minister of Town and Country Planning relaxed certain regulations which had been in operation since 1948, making planning permission no longer necessary in respect of small additions including garages.

During the year, development applications were dealt with by the County Council as follows :—

Permission	113
Refusal	11

WATER SUPPLIES

Samples of water for bacteriological examination taken during the year showed 228 as satisfactory, 29 not entirely satisfactory and 63 unsatisfactory. Unsatisfactory results were produced from supplies at 7 Councils House Estates but in each case the source of contamination was traced and stopped. It was necessary to continue chlorination of the Faberstown Supply. Bacteriological samples of the water from the well showed intermittent slight pollution.

It is believed that the heavy and continuous rainfall during the year was largely responsible for certain abnormal conditions.

Eight new boreholes are known to have been sunk in the district during the year.

Negotiations proceeded with the Andover Borough Council, the Kingsclere and Whitchurch R.D.C. and Winchester R.D.C. for the supply of water to certain parishes adjacent to the respective districts, and agreement was reached, in principle.

Parishes so affected were Abbotts Ann, Upper Clatford, Goodworth Clatford, Wherwell, Chilbolton, Barton Stacey, Bullington and Longparish.

So far as the main portion of the scheme was concerned, definite progress was made and its preparation by the Council's Consulting Engineers was nearing completion at the end of the year.

SEWERAGE AND SEWAGE DISPOSAL

The laying of a sewer to receive properties in Branksome Road, and the Council's new Housing Estate at Chilbolton was completed during the year. The sewer connects with the ex-R.A.F. Station Sewage Disposal Works, which it is hoped to purchase upon completion of negotiation with the Air Ministry.

Application was made to the Ministry of Health for the borrowing of a loan of some £133,000 for the sewerage of Thruxton, East Cholderton, Amport, Monxton, Abbotts Ann, Upper Clatford and Goodworth Clatford. The sewage from this area is finally to be discharged into the Andover Borough Sewage Disposal Works. The holding of a Public Inquiry into this application was in abeyance at the end of the year in order to await the completion of negotiations for the purchase of land for the necessary pumping stations along the route of the sewer.

Little progress was made with the scheme of sewerage and sewage disposal for Shipton Bellinger.

SLAUGHTERHOUSES

The centralised slaughtering of animals outside the district has continued.

Two licences in respect of private slaughterhouses were renewed.

FACTORIES

These are in fairly satisfactory condition.

REFUSE COLLECTION AND SALVAGE

The amount of salvageable material collected and sold during 1950 was as follows :—

	Weight				Value		
	Tons	cwts.	qrs.	lb.	£	s.	d.
Baled Paper and Cardboard	57	12	–	–	241	7	1
Jars and Bottles	—	—	—	—	—	—	—
Bones	—	—	—	—	—	—	—
Rags and Sacking	4	10	2	23	82	6	8
Metals	15	5	3	16	61	14	7
TOTALS	77	8	2	11	£385	8	4

Controlled tipping continues at the central dump at Appleshaw.

RODENT CONTROL

This has continued as a joint scheme under a Committee comprising members of the Rural District and Borough Councils.

I have the honour to be,
Ladies and Gentlemen,
Your obedient servant,
R. J. RICHARDS,
Surveyor and Sanitary Inspector.